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2015 – 2016

BUSINESS PLAN

Health PEI

One Island Health System

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Contents

Chief Executive Officer's Message	1
Mission, Values, Vision and Goals	2
Performance Monitoring	3
Special Focus: Patient Flow	4
Health PEI Goals	5
Quality	5
Access	11
Efficiency	21
Budget and Resource Summary	26
Appendices	27
Appendix A – Strategic Performance Indicators	28
Appendix B – Glossary	31
Appendix C – Health PEI Organizational Structure	32

Chief Executive Officer's Message

As the CEO of Health PEI, I am pleased to present the Health PEI *2015-2016 Business Plan*. This document outlines the key areas where the organization will be concentrating its efforts throughout the coming year. This business plan represents the third and final plan related to the directions set out by the Board of Directors in Health PEI's *Strategic Plan 2013-2016*.

Since the first year of our strategic plan, Health PEI has been committed to the vision: *One Island health system supporting improved health for Islanders.* Over the past two years, we have focused our energy on making improvements to Health PEI's three broad goal areas in order to enhance the *Quality, Access and Efficiency* within the Island Health Care System. Over the coming year, we will continue to maintain the progress we have achieved and undertake new initiatives to address additional priority areas and pressure points within the system.

I look forward to continuing to work with the dedicated staff, physicians and volunteers at Health PEI, as well as our health care partners, throughout the coming year.

Respectfully submitted,

Dr. Richard Wedge
CEO, Health PEI

Mission, Values, Vision and Goals

Mission

Our mission statement describes the purpose of Health PEI and reflects the broad functions of the organization as defined in the *Health Services Act*.

Working in partnership with Islanders to support and promote health through the delivery of safe and quality health care.

Values

Core values are integral to our activities and relationships as health care professionals and providers at Health PEI.

Caring: We treat everyone with compassion, respect, fairness and dignity.

Integrity: We collaborate in an environment of trust, communicate with openness and honesty and are accountable through responsible decision-making.

Excellence: We pursue continuous quality improvement through innovation, integration and the adoption of evidence-based practices.

Vision

Our vision statement guides current and future actions and practices of the organization.

One Island health system supporting improved health for Islanders.

Goals

The goals identify our major areas of focus. The future actions of the organization will stem from the following goal statements:

Quality: We will provide safe, quality and person-centered care and services.

Access: We will provide access to appropriate care by the right provider in the right setting.

Efficiency: We will optimize resources and processes to sustain a viable health care system.

Performance Monitoring

In order to monitor progress on each objective set out in Health PEI's *Strategic Plan 2013-2016,* the organization monitors a number of strategic performance indicators on an ongoing basis. These indicators have been established and agreed upon by leaders within the organization and are a key component in determining where progress is being made within Health PEI, as well as where adjustment or additional focus is required.

Our performance monitoring framework has evolved since the development of the *2013-2016 Strategic Plan* and will continue to do so as Health PEI moves into the next strategic planning cycle. Each objective from the strategic plan has a section of this business plan devoted to it, which highlights both the activities that have taken place in 2014-2015 related to the objective, as well as what will be taking place in 2015-2016 and the progress that has been made on the strategic performance indicators in that area over the past two years.

Health PEI's complete strategic performance indicators matrix for the *2013-2016 Strategic Plan* can be found in Appendix A. Notes and descriptions of certain indicators are located in Appendix B.

Special Focus: Patient Flow

Patient flow has been identified as a special focus of the Health PEI *2015-16 Business Plan*. The Institute for Health Care Improvement defines patient flow as an individual's movement through the health care continuum. Health PEI divisions have collaboratively identified key initiatives and metrics to address improved quality, access and efficiency across the continuum of care for Islanders. Present initiatives build on previous work within Health PEI and serve as a foundation for the integral contribution of patient flow to the *2016-2019 Strategic Plan*. The current business plan addresses patient flow issues within several population groups including seniors and complex patients, and specific service delivery areas such as mental health, long-term care and community health.

Patient flow initiatives strive to improve the quality of patient care, shorten hospital lengths of stay, decrease wait times and reduce the number of cancelled appointments and procedures. The patient journey is more efficiently and safely coordinated, resulting in reductions of unnecessary resources, time and effort. The goal is for the patient to receive the right care in the right place at the right time.

Current Context

Ineffective patient flow affects all areas of the PEI health system. In order for the system to work effectively and to have services available for those who really need them, Health PEI needs to improve the way services and sectors work together. Managing flow and access increases patient safety, enhances patient and provider satisfaction and ensures resources are used effectively and efficiently. Challenges impacting patient flow in today's health care environment include:

- an aging population
- increased incidence of people with multiple chronic diseases and complex health needs
- chronic shortage of health care professionals
- increased costs to provide care (medication and equipment costs)
- increased care options (new treatments and technologies).

Key Metrics

As patient flow moves forward within Health PEI, metrics will be reviewed on a regular basis to ensure an accurate reflection of progress. Patient flow over the next fiscal year will be monitored through the use of measures including:

1) appropriate length of stay in health care facilities
2) wait time to see your family physician
3) number of emergency department visits (for specific populations)
4) appropriate utilization of health care resources (diagnostic imaging and laboratory orders).

Health PEI Goals

The goals identified in Health PEI's *Strategic Plan 2013-2016* set out the organization's major areas of focus. The current and future actions of the organization stem from these goals and objectives. Each of the organization's strategic priorities identified for the coming year is directly linked to one of the organization's three goals and a specific objective. Therefore, all of the efforts being made in the priority areas are done so with the aim to improve the quality, access and efficiency of Health PEI's care and services.

GOAL 1 – QUALITY

We will provide safe, quality and person-centered care and services

Objective 1.1 Ensure appropriate patient safety standards are met

Health PEI works to ensure that patient safety standards are consistently met across the organization. Accountability for the quality and safety of the care and services provided by Health PEI remains a top priority. Over the past two years, a significant amount of quality improvement work has taken place across the province signifying that Health PEI is making improvements related to patient safety. Key activities include the work of Health PEI's quality improvement teams, the restructuring of the advisory committee for quality and safety and the organization's designation of national accreditation status from Accreditation Canada. In the final year of the current strategic plan, continued efforts are needed to ensure safety standards remain a priority and these efforts being made translate into improvements in our strategic performance indicators.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Results	14/15 Target	14/15 Results	15/16 Target
Hospital Standard Mortality Ratio	106	116	≤100	105	≤100
Adverse events for incident severity levels 4 & 5 per 1,000 patient days - acute care	0.1	0.26	0.23	0.32	0.21
Adverse events for incident severity levels 4 & 5 per 1,000 patient days - long-term care	0.13	0.1	0.09	0.12	0.08

2014-2015 Progress:

- A provincial hand hygiene policy to control the spread of infections in health care environments was developed and implemented throughout Health PEI.
- Electronic medication reconciliation on admission to hospital has been implemented in all Health PEI hospitals to ensure accurate medication information is communicated across the system to prevent adverse drug events.

Health PEI Goal – Quality

2015-2016 Focus:

- A three-year work plan will be developed by the Provincial Infection Control and Prevention Advisory Committee with the aim of reducing the transmission of infectious disease and ensuring that Health PEI is in compliance with national standards.
- Electronic medication reconciliation will be fully implemented in all hospitals on transfer and discharge.
- The Antimicrobial Stewardship Program will be implemented to promote more appropriate antibiotic use in Health PEI facilities.
- Safety measures will be implemented to reduce the incidence of resident falls in long-term care facilities.

Objective 1.2 Embed the philosophy of person-centered care

Health PEI has been striving to implement person and family-centered care across the organization since 2009. The goal of person and family-centered care is to use collaborative partnerships between health care providers, patients and their families to make informed and respectful decisions regarding care. While efforts have been made at Health PEI to advance person and family-centered care, it is recognized that more work needs to be done in this area, including a coordinated approach to ensure full implementation across the system. Embedding person and family-centered care at Health PEI will be a priority area of focus in the final fiscal year of this strategic plan.

The Senior Friendly Hospitals project aims to prevent functional decline of seniors admitted to hospital medical units.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Patient Survey - per cent of patients who rate their hospital stay greater than or equal to 9 of 10	--	66%	73%	59%	80%

2014-2015 Progress:

- Collaborative Model of Care, which started in 2010-2011, entered the final phase of implementation last year. Work was undertaken in the specialty areas to ensure that an appropriate mix of health professionals is in place to best meet patient needs.
- Planning was completed for the Senior Friendly Hospitals Project, which aims to prevent the functional decline of seniors admitted to hospital medical units.
- Phase II of the Comprehensive Continuous Integrated System of Care, which is a program designed to support quality and access improvements in Mental Health and Addictions, was implemented. Phase II included establishing and implementing team-based work plans for each program area.

2015-2016 Focus:

- Work continues for the final phase of the Collaborative Model of Care initiative, which includes the planning and implementation of the new model of care in remaining areas.
- The Senior Friendly Hospitals Project will be implemented in four medical units and will focus on early assessment and mobilization of seniors during hospitalization. Educational material for staff, patients and their families will be developed, along with monitoring plans and indicators.
- Health PEI is transitioning prenatal care from obstetrics and gynecology specialists back to family physicians and nurse practitioners across the province. This will help to increase access to specialists and ensure patients are able to get the care they need in the right place at the right time. Specialists will continue to play an important role in the third trimester and for high-risk pregnancies.
- A family engagement framework will be developed and implemented under the Children with Complex Needs Initiative. A component of this will be developed through a research partnership with UPEI.

Objective 1.3 Promote improved health outcomes through prevention and education

Over the course of the past two years, Health PEI has undertaken significant efforts to promote improved health outcomes for Islanders through prevention and education. While health promotion and primary prevention is largely the responsibility of the Department of Health and Wellness through the Chief Public Health Office and PEI's Health and Wellness Strategy, Health PEI maintains that all Islanders have a role to play in prevention. The organization continues to work in collaboration with government partners and Islanders to ensure ongoing focus and progress on this objective.

Health PEI Goal - Quality

The New Beginnings Program supports new babies and their families.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Participants in the diabetes program with A1C (diabetes test) of < 7%	--	42%	50%	48%	60%
Per cent participation of those aged 50 to 74 in colorectal screening program in past 2 years[1]	18%	--	--	15%	20%
Ambulatory care sensitive conditions discharges per 100,000 under 75 years	484	444	430	359	410
Number of PEI residents who received the influenza vaccine in Health PEI clinics[2]	13,455	21,700	21,700 ± 10%	16, 817	21,700 ± 10%
Per cent of children born in PEI immunized under age of 2	84%	84%	87%	85%	90%

2014-2015 Progress:

- The Insulin Pump Program for children and youth living with diabetes was implemented in the summer of 2014.
- The *PEI Diabetes Strategy 2014-2017,* which provides a roadmap for diabetes care in Prince Edward Island, was launched last year.
- Consultation on and development of a draft three-year Cancer Strategy took place in 2014-2015.
- New Beginnings Program to offer support, information and assessment to new babies and their families was piloted in 2014-2015.
- *Launching Little Ones…Growing up Great,* an evidence-based assessment and support program at the two and four-month child health clinics, was implemented.
- Public information workshops were held on the topic of advance care planning, which outlines how to have conversations with family, friends and health care providers about your future health care treatment. Education and training was also provided to staff.

2015-2016 Focus:

- Implement the direction set out in the *PEI Diabetes Strategy 2014-2017.*
- Launch of the *PEI Cancer Strategy 2015-2018.*
- Continue with the implementation of the recommendations from the Community Dietitian Services Review with the aim to enhance role clarity for registered dietitians.
- Launch of the New Beginnings Program.
- Implement changes to promote appropriate prescribing and dispensing of controlled drugs to reduce the risk of addiction and harm to Islanders.
- To better support stroke survivors at home, Phase III of the Organized Stroke Model will begin implementation this year and will focus on community reintegration.

Objective 1.4 Foster a healthy work environment

Since the release of Health PEI's *Strategic Plan 2013-2016,* the organization has focused efforts on creating a healthy work environment that supports collaboration, resiliency and productivity. Although Health PEI encourages and supports safety, civility and respect in the workplace, leaders within the organization believe that an increased focus on workplace wellness is needed in order to create a work environment where staff feel supported and are engaged and enthusiastic about their work. A safe and healthy work environment benefits not only Health PEI staff, but can also have a positive impact on the quality of care and health outcomes of Islanders.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Per cent employees surveyed who responded favourably to a job satisfaction question[3]	77%	--	≥75%	--	--
Sick days per FTE	11.9	12.6	11	10.9	10

Continue to integrate *LEADS in a Caring Environment* leadership capability framework across Health PEI.

Health PEI Goal - Quality

2014-2015 Progress:

- Eighteen Leadership Development Workshops were developed and presented by Health PEI staff to Health PEI staff to build effective management and leadership knowledge and skills throughout the organization.
- The national leadership capability framework, *LEADS in a Caring Environment*, was further embedded within Health PEI this past year. LEADS competencies were integrated into the Board of Directors' monitoring and evaluation of the CEO, and Health PEI's Leadership Performance and Development Plans.
- The Health PEI Code of Conduct, *How We Live Our Values*, and accompanying training and education were made available to managers and staff.
- Workplace Psychological Health and Safety Workshops were provided to executive, senior and mid-level managers through Health PEI leadership meetings.
- Workplace bullying awareness workshops were presented across the province at various worksites and are available by request to all Health PEI divisional teams.
- A new medical leadership model was approved in principle. The process included consultation with physicians to ensure stakeholder input in the model.
- A policy on patient rights and responsibilities, along with supporting materials, was developed and approved.

2015-2016 Focus:

- Focused activities to improve workplace wellness through tools, training and resources will take place in 2015-2016.
- Continue to integrate *LEADS in a Caring Environment* competency framework in the medical leadership model, including job descriptions and leadership performance and development plans.
- Develop a practical approach to strengthen front line engagement using various tools, techniques and approaches.
- Patient rights and responsibilities policy will be rolled out across the organization with education sessions for staff and information will be made available in Health PEI facilities.
- To ensure effective service delivery, a comprehensive review of the design and delivery of the human capital model at Health PEI will begin this year. This review will include analysis of best practice industry delivery models, a gap analysis and recommendations. Following this, a planning process will be undertaken to define key strategies, deliverables and metrics.

GOAL 2 – ACCESS

We will provide access to appropriate care by the right provider in the right setting

Objective 2.1 Reduce wait times in priority areas

Primary Care Providers

Since 2013, access to primary care providers across the province has improved. Through the creation and strengthening of primary care networks and collaborative teams of health professionals, more Islanders are better able to access community-based primary care when they need it. More than 7,400 Islanders have been removed from the Provincial Patient Registry over the last two years and recruitment of professionals to certain areas has improved. The growth in the number and role of nurse practitioners in the province has also played a significant role in improving access to primary care providers. Going forward, Health PEI will continue to build upon this progress and concentrate on meeting the indicator targets established in this area.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Utilization of QEH emergency department (ED) for triage levels 4 & 5	40%	39%	40%	38%	40%
Utilization of PCH ED for triage levels 4 & 5	44%	41%	40%	42%	40%
Utilization of KCMH ED for triage levels 4 & 5	45%	52%	45%	53%	45%
Utilization of WH ED for triage levels 4 & 5[4]	77%	73%	--	74%	--
Third next available appointment with physician[5] (as reported by 29 physician offices)	--	--	--	21.8 days	≤7 days

2014-2015 Progress:

- Implemented six Advanced Clinical Access projects in primary care, which are designed to increase and/or improve access within a physician's office. These projects focused on increasing access to primary care and increasing access to other providers, such as: primary care nurses and a case manager nurse.
- Work to develop a policy on panel size for salaried physicians was undertaken in order to determine the optimal number of patients for family physician practices.
- Validation of the Provincial Patient Registry was completed.

Health PEI Goal - Access

2015-2016 Focus:

- Additional Advanced Clinical Access projects are scheduled to take place over the coming year.
- Increased Chronic Disease Prevention and Management programs will take place in 2015-2016 to reduce demand on primary care providers.
- A policy on panel size for salaried physicians will be implemented.
- Planning and development of a strategy to strengthen primary care in Prince Edward Island will be undertaken in 2015-2016.

Mental Health Services

Reducing wait times and improving access to mental health programs and services for Islanders in need continues to be a top priority for Health PEI. Over the past two years, much work has been done to increase the supports available to youth and seniors, in particular. As demonstrated by the performance measures, wait times to access mental health services in some areas remain a challenge. While these strategic performance indicators highlight a major challenge for Health PEI, it is important to note that demand for these services has grown exponentially in recent years and that this growth is likely to continue. Health PEI anticipates that as new services are developed and offered in the province that the demand for services and client numbers will continue to grow. It should also be noted that these wait times include client driven delays, which impacts 10-30 per cent of the wait times, depending on the site. At this time, it is not possible to exclude these delays from the data. Over the coming year, Health PEI will be focusing on ways to improve access for those in need.

Provide additional training in maternal mental health to enhance skills in identifying and supporting mothers with postpartum depression and anxiety.

Health PEI Goal - Access

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Youth clients seen by community mental health services within current access standards	--	54%	60%	23%	70%
Adult clients seen by community mental health services within current access standards	--	67%	68%	57%	70%

2014-2015 Progress:

- A collaborative shared care model between community mental health and primary care in Montague has been established. A provincial framework has also been developed for possible expansion across the province.
- The development and implementation planning of a specialized team for serious behavioral conditions within children's mental health services was initiated.

2015-2016 Focus:

- Ongoing evaluation and guidance of the collaborative shared care model, which was implemented in Montague between primary care and community mental health, is required.
- Expansion of the collaborative model between community mental health and primary care to Summerside using the developed framework.
- Planning and development for the launch of adolescent mental health programs.
- Additional training in maternal mental health will be provided to public health nurses and community mental health staff to enhance skills in identifying and supporting mothers with postpartum depression and anxiety.
- Three Lean Six Sigma projects will be undertaken this year to improve access to community mental health services. The projects will focus on urgent mental health referrals from emergency departments, children's mental health intake process and increasing the continuity of care for forensic patients.

Addictions Services

The expansion of addictions services and programs that has taken place in recent years is beginning to have a positive impact on wait times in these areas. As of 2015, 90 per cent of individuals were admitted to inpatient withdrawal management within two days. Health PEI recognizes that there is an ongoing demand for addictions programs and services in the province and will continue to focus on this area so support can be provided when needed.

Health PEI Goal - Access

Performance Measures

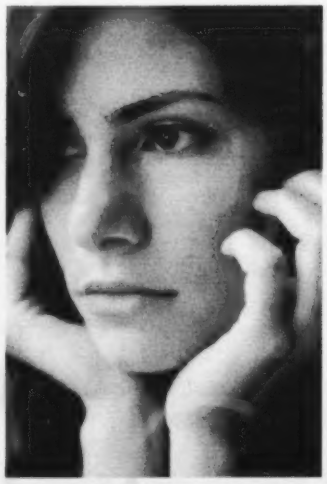
Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Wait time for inpatient withdrawal management	7 days	8 days	7.5 days	4 days	6.5 days
Wait time for outpatient withdrawal management	5 days	7 days	5 days	6 days	4.5 days

2014-2015 Progress:

- An addictions transition unit opened in the Provincial Addictions Treatment Facility in the spring of 2014. The transition unit was established to offer support to individuals who have completed inpatient withdrawal management but are not ready to transition back to the community.
- In November 2014, a community-based addictions medicine clinic opened to provide services to those with opiate addiction. This service has had a significant impact on the demand for inpatient withdrawal management and the Methadone Maintenance Treatment Program.

2015-2016 Focus:

- In response to varying client needs, the transition unit and inpatient withdrawal management unit at the Provincial Addictions Treatment Facility will be combined in order to increase flexibility and better meet client needs.
- A triage and readiness evaluation process will be established to improve assessment of individuals referred to outpatient withdrawal management.
- Processes to improve the efficiency of referrals to adult addictions services will be developed.



Health PEI will focus on increasing flexibility in addiction services to better meet varying client needs.

Long-Term Care

Long-term care in Prince Edward Island has undergone a number of improvements over the past two years. In addition to new programs and services, there has been an increase of the number of long-term care beds in the province and several older facilities have been replaced with new infrastructure, while others have been revitalized. These changes continue to improve access to long-term care for those who need it.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Length of stay in long-term care for aged 65+	2.6 yrs	2.7 yrs	2.7 yrs	2.6yrs	2.5yrs
Wait time from hospital bed to long-term care facility (public or private)	64.5 days	58 days	52 days	47 days	50 days

2014-2015 Progress:

- The Restorative Care Unit was launched as a permanent program at the Prince Edward Home. The program aims to improve the health outcomes and well being of seniors at risk for hospitalization.

2015-2016 Focus:

- Continued monitoring of the Restorative Care Unit in the Prince Edward Home to ensure that progress is maintained.

There has been a significant decrease in the wait times for hip and knee replacement surgeries over the past two years.

Health PEI Goal - Access

Elective Surgical Services

Health PEI is making progress in reducing wait times for surgical services on the Island. Over the past two years, there has been a significant decrease in the wait times for hip and knee replacements. Wait times were improved through an increase in beds allotted for orthopedic patients and significant enhancements to the day surgery program at the Queen Elizabeth Hospital. Ongoing monitoring and evaluation of services and processes will continue within the organization to ensure wait times continue to improve.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Per cent of cataract surgeries completed within 26 weeks	59%	46%	90%	63%	90%
Per cent of hip replacements completed within 26 weeks	56%	77%	90%	92%	90%
Per cent of knee replacements completed within 26 weeks	38%	62%	90%	88%	90%

2014-2015 Progress:

- The day surgery department at the Queen Elizabeth Hospital was expanded last year to increase the number of day surgery spaces, include additional consultation spaces, add a separate ophthalmology surgical suite and to dedicate a space for post-operative caesarian section patients.

2015-2016 Focus:

- Continue the monitoring and evaluation of the changes implemented to ensure progress is maintained and improved where possible.

Emergency Services

Over the past several years, the number of visits to Island emergency rooms has declined, particularly for less urgent visits. This is a good indication that more and more Islanders are able to access the care they need in the community through primary health care providers, clinics, ambulatory services and 811 - Telehealth services. While the number of visits to the emergency departments (ED) is decreasing, Health PEI recognizes that wait times within the emergency departments remains a challenge and is exploring ways to make more improvements.

Health PEI Goal - Access

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Per cent of patients left ED without being seen (QEH & PCH)	7%	8%	6%	8%	6%
Per cent of patients left KCMH ED without being seen	1%	1%	≤4%	2%	≤4%
Per cent of patients left Western ED without being seen	2%	2.5%	≤4%	3.5%	≤4%

Pharmacy technicians in Island emergency departments support medication reconciliation and improve patient safety.

2014-2015 Progress:

- Pharmacy technicians have been added to the emergency department at the Queen Elizabeth Hospital to support medication reconciliation, improve patient safety and reduce wait times.
- Implemented a collaborative project between the emergency department and inpatient units at the Queen Elizabeth Hospital which focuses on decreasing time from patient admission in the emergency department to arrival on the unit.
- Funding was secured to develop a Provincial Trauma Registry in collaboration with New Brunswick.
- Changes were implemented in the emergency department at Western Hospital as part of Health PEI's Pursuing Quality and Excellence program to improve efficiencies and reduce wait times.

2015-2016 Focus:

- Implement the Provincial Trauma Registry to facilitate consistent data collection and establish provincial benchmarks for national and regional comparison.
- Revise the overcapacity protocol at the Queen Elizabeth Hospital to improve patient flow from the emergency department to the inpatient units.
- Develop a way to determine and communicate wait times in the emergency department at Western Hospital.
- Implement a project at the Queen Elizabeth Hospital emergency department to identify complex patients in order to better manage and streamline their care.
- Add pharmacy technicians to the emergency department at Prince County Hospital to support medication reconciliation.

Health PEI Goal - Access

Objective 2.2 Improve access to care for specific populations

While improving access to care for all population health groups is a priority of Health PEI, it is recognized that there are factors facing certain population groups that can result in limited access to health care. Health PEI focuses attention in a number of areas in order to support improving the health outcomes for several of the Island's population health groups.

Children with Complex Needs

2014-2015 Progress:

- Enhancements were made in the areas of pediatric psychology, audiology, speech language pathology, orthoptics, occupational therapy and physiotherapy to better support children with complex health needs and their families.

2015-2016 Focus:

- Establish standardized wait time benchmarks across all programs and services for children with complex needs.
- Develop a family engagement framework in order to gain additional perspective and public input on planning and decisions related to programs and services for children with complex needs.

Establish standardized wait time benchmarks across all programs and services for children with complex needs.

Frail Seniors with Complex Health Needs

2014-2015 Progress:

- Launch of the Caring for Older Adults in the Community and at Home (COACH) team pilot project, which focuses on increased collaboration and information sharing between home care, primary care and the Provincial Geriatric Program to provide improved care to frail seniors.

2015-2016 Focus:

- The COACH pilot will be completed and evaluated this year. A plan to introduce the COACH team approach province wide will also be developed.
- A frail senior care pathway will be developed to better standardize and support care for frail seniors and their families.
- A partnership development project between the Provincial Geriatric Program and the emergency departments in our acute care facilities will be implemented.

Aboriginal Populations

2014-2015 Progress:

- A Cultural Awareness and Sensitivity Training Program developed in collaboration with the province, federal government, PEI First Nations' Communities, Native Council of PEI and Aboriginal Women's Association, has been delivered to more than 70 Health PEI clinicians.
- Electronic access to provincial diabetes data was established at First Nations' Health Centres.
- Launched a community of practice for mental health and addictions to bring together mental health and addictions clinicians in Health PEI and the Aboriginal and First Nations communities to improve services by working together and share best practices in their field.

2015-2016 Focus:

- Ongoing information sharing between Health PEI and Island Aboriginal partners through training opportunities, workshops and conferences.
- Continued participation in and development and implementation of a workplan for the Health Policy and Planning Forum which is a tripartite committee with representation from Health PEI, the Mi'kmaq Confederacy of PEI and Health Canada.

French Language Services

2014-2015 Progress:

- Secured funding from Health Canada to undertake a three year initiative to improve data collection related to French speaking clients. This project will improve efficiency in the planning and services delivery process for the Island's Francophone community.

2015-2016 Focus:

- Link language to each provincial health card holder in order to obtain accurate information of health system use by Island Francophones.
- Identify service providers within the system that have the capacity to offer services in French in order to determine the capacity to meet the need for French services in PEI.
- Options to make home care more accessible to French speaking clients will be explored.
- Work in partnership with the Canadian Mental Health Association to translate and make information related to the "Island Helpline" available. The Island Helpline offers 24-hour, bilingual and confidential services to Islanders in need.

Newcomer Populations

2014-2015 Progress:

- Enhanced public health services and family nutrition dietitian services were made available at the newcomer immunization clinics.

2015-2016 Focus:

- To better serve newcomer and refugee populations, the refugees public health clinic will be relocated to the PEI Association of Newcomers to Canada office once a month. Other newcomer public health clinics will be offered in Charlottetown Public Health office twice monthly. This is an increase from all newcomer clinics happening once per month.

Health PEI Goal - Access

- Health PEI will be collaborating with the Chief Public Health Office and the PEI Association of Newcomers to Canada through an inter-departmental working group on immigration and settlement to better provide coordinated primary health care services to PEI's newcomer population.
- Public Health and Children's Developmental Services will be partnering with the education system to plan for the health and educational needs of newcomer children.

Vulnerable Populations
2015-2016 Focus:

- Health PEI is developing an over-arching framework to guide our work with vulnerable and diverse populations.
- Implementation of a provincial Generic Drug Program.

Public Health and Children's Developmental Services will partner with the education system to plan for the health and educational needs of newcomer children.

GOAL 3– EFFICIENCY

We will optimize resources and processes to sustain a viable health care system

Objective 3.1 Utilize technology to improve the quality, safety and continuity of care

Health PEI recognizes the important role that technology can play in efficiently delivering quality and safe care to Islanders. Over the past several years, the organization has successfully implemented large scale technology enhancements across the system. The introduction of 811 - Telehealth has been widely successful, as has the implementation of the Computerized Provider Order Entry (CPOE) project as part of Health PEI's plan to implement a fully integrated Electronic Health Record.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Per cent STAT lab tests meeting turnaround time[6]	85%	86%	90%	88%	90%
Per cent pharmacy order placed online by physicians	--	87%	90%	89%	90%
Per cent medication reconciliation completed on admission using CPOE in acute care[7]	--	89.5%	95%	86%	90%

2014-2015 Progress:

- The CPOE project, which permits all clinician's orders to be available in electronic format, was successfully implemented in hospitals across Health PEI.
- The planning and proposal to implement Remote Patient Monitoring (RPM) for heart failure patients was completed. RPM is a technology solution that enables health care professionals to monitor patients with certain conditions outside of conventional care settings. The proposal for implementation of RPM was approved for funding by Canada Health Infoway.
- In collaboration with the Medical Society of Prince Edward Island, a request for proposals was issued to identify potential electronic medical record solutions for primary care providers.

Health PEI Goal - Efficiency

2015-2016 Focus:

- Continue to work collaboratively with the Medical Society of Prince Edward Island toward the selection, procurement and implementation of a provincial electronic medical record solution for primary care providers.
- Electronic discharge planning for patients in acute and community hospitals will be implemented this year through the provincial discharge process in the Clinical Information System (CIS). This project will improve continuity of care, enhance interdisciplinary communication and collaboration and will provide patients with enhanced discharge information.
- Implement RPM for heart failure patients.
- Explore the feasibility of acquiring bed management software to support improved patient flow.
- Continue to implement the Laboratory Services Electronic Synoptic Pathology Reporting Initiative (ESPRI) project to advance the depth and consistency of information collected in the province and to eliminate the current duplication of paper and electronic laboratory patient charts.

Objective 3.2 Improve management of bed utilization across the system

Providing quality services in the right setting by the right provider is a major priority for Health PEI. Ensuring that patients are able to move throughout the system and access the care they need in the right place improves the efficiency of the health care system. Although a significant amount of effort has been put into improving bed utilization across the system in the past two years, more focus on the flow of patients is required to continue to make gains in this area.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Overall Average Length of Stay in acute care facilities[8]	8.9 days	9.1 days	7.3 days	8.8 days	7.3 days

The INSPIRED Program provides support to patients and their families living with chronic obstructive pulmonary disease.

Health PEI Goal - Efficiency

2014-2015 Progress:

- Completed 32 quality improvement projects with the aim of reducing the average length of stay in PEI's acute care beds as part of the Pursuing Quality and Excellence program.
- The Timely Transitions Project was undertaken to identify a number of areas across the system where bed delays were impacting a patient's length of stay.
- Continued development of the Better Health, Lower Costs program which is focused on designing a sustainable care delivery model that improves care, cost and health for patients with complex needs. The first patient group was enrolled in the program in 2014-2015.
- Secured funding to implement the INSPIRED Program (Implementing a Novel and Supportive Program of Individualized Care for Patients and Families living with Respiratory Disease), which will provide support to patients and their families living with chronic obstructive pulmonary disease.

2015-2016 Focus:

- Plan organization-wide approach to improve patient flow, including transitions to and from long-term care and community care facilities.
- Plan and implement improvements to the discharge process.
- Finalize the INSPIRED Program implementation plan and commence roll out.
- Continue implementation of the Better Health, Lower Costs Program and increase the number of patients enrolled.
- Implement the changes identified in the first phase of the Timely Transitions Project to create smoother patient transitions between acute and home care.
- Continue to work toward appropriate acute bed utilization through bed mapping and length of stay reporting.

Objective 3.3 Improve the coordination of care across the continuum of health services

Health PEI has begun to see marked improvement in the coordination of care across the organization. The number of patients coded as Alternate Level of Care (ALC), which means that there is a patient in a hospital bed who requires less intensive services and resources than for the bed's intended use in the system, is decreasing, as is the number of patients in the emergency departments awaiting an inpatient bed per day. Ensuring individuals move through our health care continuum in a seamless, coordinated and planned fashion is essential for maintaining and improving the efficiency of our programs and services and warrants continued focus over the coming year.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Average daily census for patients coded as ALC in acute facilities[9]	65	62	58	54.5	55
Number of inpatients in ED awaiting acute bed per day[10]	11	11	10	10	10

Health PEI Goal - Efficiency

2014-2015 Progress:

- A three-year Paramedics Providing Palliative Care at Home pilot project was launched in 2014-2015. This project aims to improve the end-of-life experience for cancer patients and their families by improving access to symptom control at home and in after-hours care.
- Implemented a standard process for inter-facility transfers across Health PEI, so the transfer process between Island facilities is efficient and clear to staff and patients.

2015-2016 Focus:

- Improvements will be made to the coding of ALC patients to improve the accuracy of reporting. This will include education on coding process and changes to the Clinical Information System.
- Develop a three-year palliative care action plan to improve the end-of-life experience for palliative patients and their families.
- Reduce the numbers of ALC patients in acute care beds.
- Launch a three year Home Care Strategy to respond to current pressures on the Home Care Program. This includes focusing on issues such as: the aging population, the increasing complexity of clients and needs, the increased incidence of chronic disease and more clients who wish to remain in their homes longer.
- Undertake activities with the aim of developing a Provincial Home Care Business Plan to address client needs and system pressures.

Objective 3.4 Effective Resource Management

Over the past two years, Health PEI has made significant efforts to assess the use of Health PEI resources in order to improve efficiency across the organization. The Program Budgeting Marginal Analysis Framework was implemented in 2013-2014 to identify ways to make best use of health care dollars. Health PEI has also undertaken a significant amount of work to increase accountability and standardization across the organization. Effective resource management remains a vital component of Health PEI's direction and only continues to grow in importance as demands for services is on the rise.

Performance Measures

Strategic Performance Indicators	12/13 Baseline	13/14 Actual	14/15 Target	14/15 Actual	15/16 Target
Variance between budget and actual as per financial statements[11] – in millions	$(2.93)	$0.71	$0	$3.87	$0
Over-time days per full-time equivalent (FTE)	6.0 days/FTE	5.0 days/FTE	5.8 days/FTE	6.5 days/FTE	5.6 days/FTE

Health PEI Goal - Efficiency

Implement a laboratory testing utilization policy to increase awareness of ordering practices and education on best practice guidelines.

2014-2015 Progress:

- Health PEI has worked with our group purchasing organizations to transition a number of contracts where savings have been identified. The transitioning of contracts to group purchasing organizations has resulted in an average savings of 19.55 per cent.

2015-2016 Focus:

- Continue to work on the development of an organizational supply chain management strategy to increase accountability, provincial standardization and value for money within the health care system. The focus this year will include completing an impact analysis on the proposed plan, identifying the options to support increased standardization and developing the clinical liaison role within materials management.
- Attendance Management Program will be fully implemented at Health PEI, providing a consistent and fair process for managing employee attendance.
- Implementation of a Physician/Nurse Practitioner Laboratory Testing Utilization policy aimed to increase awareness of ordering practices and provide education on best practice guidelines.
- Development and implementation of initiatives to support appropriate utilization of diagnostic imaging services.

Budget and Resource Summary

Core Business Area	2015-2016 Budget Estimate	2014-2015 Forecast	2014-2015 Budget Estimate
EXPENDITURE ($)*			
Corporate Services and Long-Term Care	91,839,200	90,165,800	89,769,100
Financial Services and Pharmacare	48,218,900	47,206,100	49,316,000
Health Information Management	6,473,700	6,329,900	6,499,200
Medical Affairs and Diagnostic Imaging	160,574,500	160,041,300	161,396,200
Chief Nursing Office and Lab Services	21,598,100	21,547,800	21,188,000
Acute Care, Mental Health and Addictions	241,641,300	238,517,500	236,953,700
Community Health	41,382,700	39,874,000	39,850,900
Gross Expenditure	**611,728,400**	**603,682,400**	**604,973,100**
Operating Revenue	**25,151,100**	**22,888,800**	**24,174,000**
Net Operating Expenditure	**586,577,300**	**580,793,600**	**580,799,100**
Capital Revenue	**3,429,600**	**4,304,900**	**4,026,500**
Capital Plan ($)μ			
Capital Improvements and Repairs	4,121,400	8,643,100	10,213,900
Capital Equipment	4,709,900	5,601,600	5,169,200
Total Capital Expenditure	**8,831,300**	**14,244,700**	**15,383,100**

Full-Time Permanent Equivalents (Direct FTEs)Σ	2015-2016	2014-2015	2013-2014
Corporate Services and Long-Term Care	829.65	806.45	790.00
Financial Services and Pharmacare	166.05	159.55	155.25
Health Information Management	39.00	36.00	36.00
Medical Affairs and Diagnostic ImagingΩ	198.62	210.30	211.55
Chief Nursing Office and Lab Services	143.05	131.25	134.75
Acute Care, Mental Health and Addictions	2,068.51	2,034.02	2,040.44
Community Health	430.20	415.95	396.10
Total FTEs	**3,875.08**	**3,793.52**	**3,764.09**

* PEI Estimates of Revenue and Expenditures 2015/16.

μ 2015-2016 Capital Budget and Five-Year Capital Plan. Capital investments ensure the province's health infrastructure is maintained and modified or expanded to meet the health service needs of changing demographics. The health sector invests in health facilities, such as hospitals (e.g., QEH Redevelopment), manors and clinics. Capital investment is also made in medical equipment including CT scanners, laboratory systems and surgical equipment. Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost-effective, and align with other health sector planning.

Σ Full-time equivalency information for 2015/16 was derived from Health PEI Budget Books. Permanent FTEs, including permanent vacancies are included.

Ω FTEs for Medical Affairs and Diagnostic Imaging includes all staff, including salaried physicians (Medical Affairs – 10.47 staff, 3.80 PEINU and 100.85 physicians, Diagnostic Imaging – 88.50). Fee-for-service, contract and sessional physicians (as of March 2015, total 128.43 FTEs) are not included.

Appendices

Appendix A – Strategic Performance Indicators

Appendix B –Glossary

Appendix C – Health PEI Organizational Structure

Appendix A Strategic Performance Indicators

Objective	Measure	Baseline 2012/13	Actual 2013/14	Target 2014/15	Actual 2014/15	Target 2015/16
Quality						
Ensure appropriate patient safety standards are met	Hospital standardized mortality ratio	106	116	≤100	105	≤100
	Adverse events for incident severity levels 4 & 5 per 1,000 patient days – acute care	0.1	0.26	0.23	0.32	0.21
	Adverse events for incident severity levels 4 & 5 per 1,000 patient days – long-term care	0.13	0.1	0.09	0.12	0.08
Embed the philosophy of person-centered care	Patient survey - per cent of patients who rated their overall hospital stay as greater than or equal to 9 out of 10	--	66%	73%	59%	80%
Promote improved health outcomes through prevention and education	Participants in the diabetes program with an A1C of ≤ 7 %	--	42%	50%	48%	60%
	Per cent participation of those aged 50 to 74 years old in colorectal cancer screening program within the past 2 years[1]	18%	--	--	15%	20%
	Ambulatory care sensitive conditions discharges per 100,000 under 75 years	484	444	430	359	410
	Number of PEI residents who received influenza vaccine in Health PEI community clinics[2]	13,455	21,700	21,700 ± 10%	16, 817	21,700 ± 10%
	Per cent of children born in PEI immunized under the age of 2	84%	87%	87%	85%	90%
Foster a healthy work environment	Employee survey – per cent of employees who responded favourably to the question "overall, how satisfied are you with your job"[3]	77%	--	≥75%	--	--
	Sick days per budgeted full-time equivalent (FTE)	10.78 days/FTE	10.54 days/FTE	10.5 days/FTE	11 days/FTE	10 days/FTE

Appendix A Strategic Performance Indicators

Objective		Measure	Baseline 2012/13	Actual 2013/14	Target 2014/15	Actual 2014/15	Target 2015/16
Access							
Reduce wait times in priority areas	Primary Care Provider	Utilization of QEH emergency department for triage levels 4 and 5	40.4%	39.0%	40%	37.7%	40%
		Utilization of PCH emergency department for triage levels 4 and 5	43.9%	41.4%	40%	42.1%	40%
		Utilization of KCMH emergency department for triage levels 4 and 5	44.8%	52.4%	45%	53%	45%
		Utilization of WH emergency department for triage levels 4 and 5[4]	77.0%	73.1%	--	73.70%	--
		Wait times to access primary care physician[5]	--	--	--	21.8 days	≤7 days
	Mental Health Services	Youth clients seen by community mental health services within current access standards	--	54%	60%	23%	70%
		Adult clients seen by community mental health services within current access standards	--	67%	68%	57%	70%
	Addiction Services	Wait time for inpatient withdrawal management	7 days	8 days	7.5 days	4 days	6.5 days
		Wait time for outpatient withdrawal management	5 days	7 days	5 days	5 days	4.5 days
	Long-Term Care	Length of stay in long-term care (LTC) for people aged 65 and over	2.6 years	2.7 years	2.7 years	2.6 years	2.5 years
		Wait time in days from hospital bed to any LTC facility (public or private)	64.5 days	58.0 days	52.2 days	47.1 days	50 days
	Elective Surgical Services	Per cent of cataract surgeries completed within access standard of 16 weeks	59.4%	46%	90%	63%	90%
		Per cent of hip replacement surgeries completed within access standard of 26 weeks	56.3%	77%	90%	92%	90%
		Per cent of knee replacement surgeries completed within access standard of 26 weeks	37.8%	62%	90%	88%	90%
	Emergency Services	Per cent of patients who left without being seen at QEH & PCH emergency departments	7%	8%	6%	8%	6%
		Per cent of patients who left without being seen at KCMH emergency department	1.3%	1.4%	≤4%	1.7%	≤4%
		Per cent of patients who left without being seen at WH emergency department	2.4%	2.5%	≤4%	3.5%	≤4%

Appendix A Strategic Performance Indicators

Objective	Measure	Baseline 2012/13	Actual 2013/14	Target 2014/15	Actual 2014/15	Target 2015/16
Efficiency						
Utilize technology to improve the quality, safety and continuity of care	STAT lab tests meeting turnaround time [6]	84.8%	86.2%	90%	87.6%	90%
	Medication orders placed on-line by physicians	--	87%	90%	89%	90%
	Medication reconciliation completed on admission using CPOE in acute care [7]	--	89.5%	95%	86%	95%
Improve management of bed utilization across the system	Overall average length of stay in acute care facilities [8]	8.9 days	9.1 days	7.3 days	8.78 days	7.3 days
Improve coordination of care across the continuum of health services	Average daily census for patient coded as alternate level of care in acute care facilities [9]	64.9	62.4	<62	54.5	<62
	Number of inpatients in emergency department awaiting acute care beds per day[10]	11.1 patients	10.8 patients	10 patients	9.84 patients	10 patients
Effective resource management	Annual variance between budget and actual as documented in Health PEI annual financial statements[11] – in millions	$(2.93)	$0.71	$0	$3.87	$0
	Over-time days per budgeted full-time equivalent	5.96 days/FTE	4.97 days/FTE	5.8 days/FTE	6.51 days/FTE	5.6 days/FTE

Technical Notes:

1 2012/13 baseline includes two year screening interval: 2011-2013 fiscal years and 14/15 actual includes two year screening interval: 2013-2015 fiscal years. Target not applicable for 2014/15. This indicator only tracks screening rates through the colorectal cancer screening program.

2 Program changes in the fall of 2014/15 may significantly reduce the utilization of Health PEI community clinics for influenza vaccination.

3 Baseline data is from 2011/12. Target and result are not applicable for 2014/15 since survey was last conducted in 2011.

4 Due to changes in West Prince impacting WH ED use, data was not collected and targets will be set for 2015/16 at a later date.

5 Based on voluntary data submission of physician offices; 2014/15 there were 29 submitting physicians. 2014/15 actuals are the baseline year for GP wait times data.

6 STAT lab test turnaround times includes lab turnaround time plus the time it takes for physicians and nurses to place the order.

7 Baseline data is from November to March 2013/14 for the QEH and June to March 2013/14 for PCH. Other PEI hospital data will be added in subsequent years.

8 Indicator is tied to the OALoS initiative and includes the following acute care facilities QEH, PCH, KCMH and WH.

9 Includes the following acute care facilities QEH, PCH, KCMH and WH.

10 Includes QEH, PCH and KCMH

11 Operational results only: excludes all capital grants, other capital contributions and depreciation.

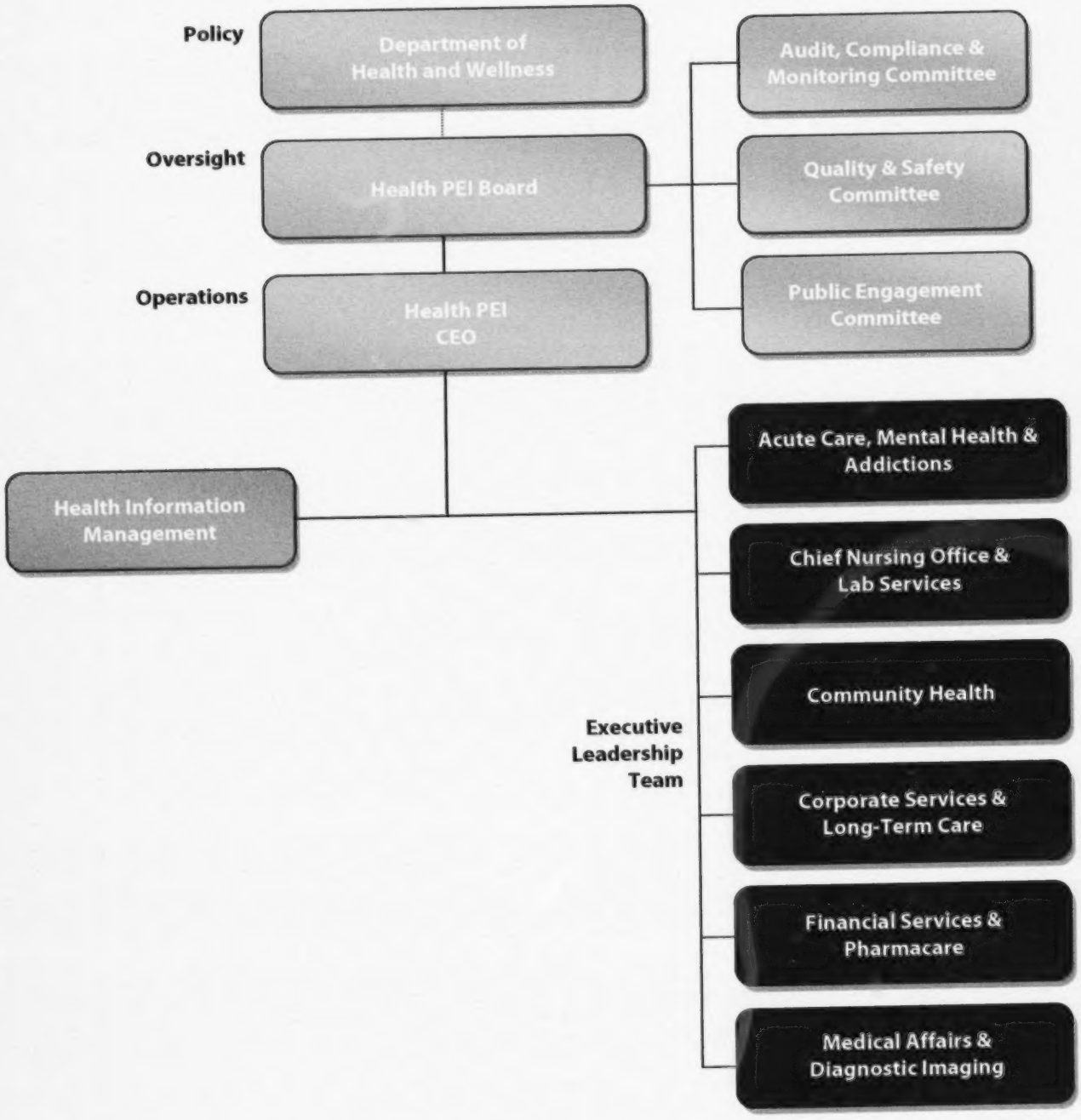
(–) indicates data is not applicable

(N/A) indicates data is not available at the time of printing

Appendix B Glossary

Strategic Performance Indicator	Description
Hospital Standardized Mortality Ratio (HSMR)	The hospital standardized mortality ratio (HSMR) is a ratio of the actual number of in-hospital deaths in a region or hospital to the number that would have been expected based on the types of patients a region or hospital treats.
Rate of incident severity levels 4 & 5 per 1000 patient days for acute care and long-term care (LTC) facilities	Level 4 and 5 adverse events are very serious concerns for a health care system. It is important to ensure these events are properly tracked and handled to reduce the likelihood of them happening again. Incident severity level 4 = Serious Injury/Damage and level 5 = death.
Ambulatory Care Sensitive Conditions discharges per 100,000 under 75 years of age	Hospitalization for an ambulatory care sensitive condition is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.
Utilization Rates of emergency department for triage levels 4 and 5	High usage rates of triage levels 4 and 5 presenting to an emergency department can be an indicator of limited access to primary care services. Canadian Emergency department Triage Acuity and Scale (CTAS) level 4 = less urgent and level 5 = non-urgent.
Per centage of STAT lab tests meeting turnaround time benchmark	Turnaround time (TAT) for STAT tests (i.e. as soon as possible) is identified by users as a quality performance indicator of the service provided by the lab and the facility as a whole.

Appendix C Health PEI Organizational Structure



Notes

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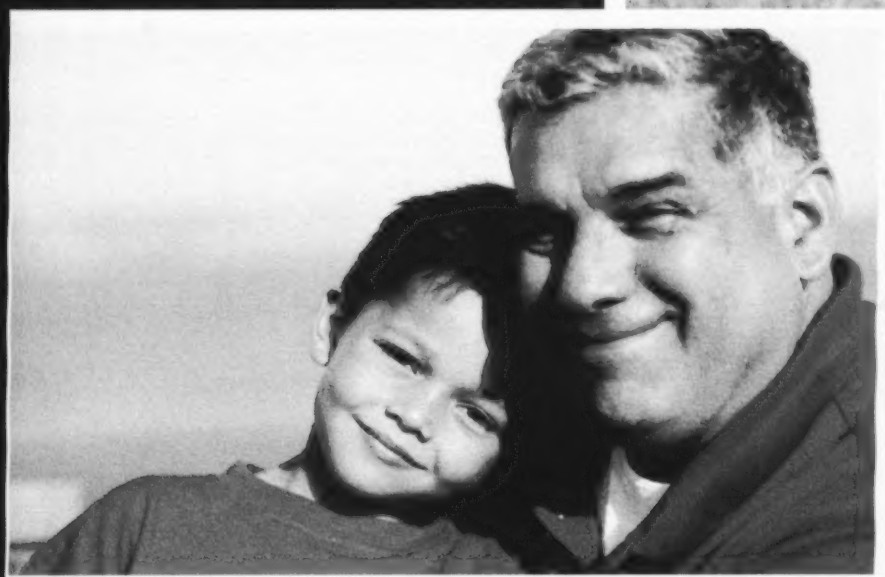
Quality - Access - Efficiency



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